

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

10-009,896

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
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50						
TOTAL IND.	1					
TOTAL DEP.		13				
TOTAL CLAIMS	14					

	IND.	DEP.	IND.	DEP.	IND.
51					
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					